

WSA 2003 Proposed Project

Project Name:			
Brief Description of Project:			
Type of Deliverable(s):	<input type="checkbox"/> Assay <input type="checkbox"/> Knowledge		
Reason for Doing this Work:	<input type="checkbox"/> Product Development Guidance <input type="checkbox"/> Short Term <input type="checkbox"/> Product Evaluation <input type="checkbox"/> Long Term		
Program Area: (Check all areas that apply)	<input type="checkbox"/> Cancer <input type="checkbox"/> CVD <input type="checkbox"/> COPD <input type="checkbox"/> Repro <input type="checkbox"/> ETS <input type="checkbox"/> Determinants of Smoke Exposure <input type="checkbox"/> Product Design Guidance <input type="checkbox"/> PI Specific Projects <input type="checkbox"/> CE Specific Projects <input type="checkbox"/> Sensory Specific Projects <input type="checkbox"/> Scientific Affairs & Communication Specific Projects <input type="checkbox"/> WSA PMI Specific Projects (Neuchatel & Asia) <input type="checkbox"/> PMRL Specific Projects (Germany & Belgium)		
Project Leader:			
Prioritization:	<input type="checkbox"/> Critical <input type="checkbox"/> Priority <input type="checkbox"/> Secondary <input type="checkbox"/> Low		
Milestones:		Target Date:	
Internal Resource Allocation (WSA, PMRL, PMI) (Man Hours)		External Resource Allocation (other PMUSA, external vendors) (Man Hours)	

TO BE FILLED OUT BY WSA MANAGEMENT

- ☐ Approved as Written
☐ Approved with Modifications
☐ Not Approved

Reason: _____

Signature of Coordinator (Date)

Signature of Project Leader's Functional Director (Date)